

PART B - FEE(S) TRANSMITTAL

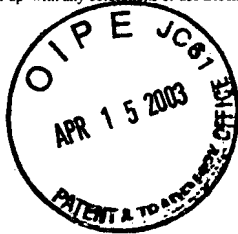
Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE
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7590 02/20/2003

Eyreick Williamson, President
 Carver Skateboards, Inc.
 245 Turnbull Canyon Road
 City of Industry, CA 91745



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(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/801,536 03/08/2001 Neil Stratton 37197/RJW/A524 7179

TITLE OF INVENTION: TRUCK FOR SKATEBOARDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional YES \$650 \$300 \$950 05/20/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SWENSON, BRIAN L 3618 280-087041

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 TOPE - MCKAY & ASSOC.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CARVER SKATEBOARDS

CITY OF INDUSTRY, CA

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee
☐ Advance Order - # of Copies _____

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☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature) [Signature] (Date) APR 14 2003

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